N21000006714

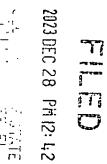
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And I

COVER LETTER

TO: Amendment Section Division of Corporations

DITTMAN'S C NAME OF CORPORATION:	CORNER HOMEOWNER	S' ASSOCIA	TION, INC.	
N21000006714				
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee ar	e submitted for filing.			
Please return all correspondence concerning this	s matter to the following:			
SAMUEL E HOWIE				
	(Name of Contact F	erson)		
	(Firm/ Compan	y)		
3035 WEST NAPOLEON AVE				
	(Address)			
TAMPA, FL 33611				
	(City/ State and Zip	Code)		
dittmanscorner@gmail.com				
E-mail address: (to b	e used for future annual re	port notificat	on)	
For further information concerning this matter, p	olease call:			
SAMUEL E HOWIE	a	760	5662018	
(Name of Contact P) (Daytime Telephone Number	r)
Enclosed is a check for the following amount m	ade payable to the Florida	Department of	of State:	
■ \$35 Filing Fee □\$43.75 Filing Fe Certificate of \$t		Cert is Cert (Ad	50 Filing Fee ificate of Status ified Copy ditional Copy is losed)	
Mailing Address Amendment Section	A	reet Address mendment Se	ction	
Division of Corporations		ivision of Cor	porations Tallabasses	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation

Articles of Incorporation of DITTMAN'S CORNER HOMEOWNERS' ASSOCIATION. INC. (Name of Corporation as currently filed with the Florida Dept. of State) N21000006714 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) TAMPA, FL 33611 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) TAMPA, FL 33611 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	to			
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D. If amending the registered agent and/or registered office address in Florida, enter the name of the		Napoleon Ave		
	· · · · · · · · · · · · · · · · · · ·	FL 33611		
		in Florida, enter the n	name of the	
Name of New Registered Agent:	Name of New Registered Agent:		<u>-</u>	
(Florida street address) New Registered Office Address:	N. D. Warner J. Offic. A. H. J. V.	(Florida street add	dress)	
	New Registerea Unice Address:			
(City) (Zip Code)	<u>New Registerea Office Address:</u>		*** ' 1	
(Chy) (Eth Cone)		· · · · · · · · · · · · · · · · · · ·	, Florida	

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	PT John Do V Mike Jo SV Sally Sr	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	<u>P</u>	Carlos McIvy	3037 West Napoleon Ave Tampa, FL 33611
<u>*</u> Remove			
2) Change Add	<u>P</u>	SAMUEL E HOWIE	3035 West Napoleon Ave Tampa, FL 33611
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		i <mark>cles, enter change(s) here</mark> : (Be specific)	
			·

	11.7	
		
The day of such an administration administration		if other than the
date this document was signed.	n:	, it other than the
Effective date if applicable:	(no more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this block do document's effective date on the Departm	es not meet the applicable statutory filing requirements, this date will not be ent of State's records.	e listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)	

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated

12/14/2023

Signature

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Carlos G. McIvy Jr.

(Typed or printed name of person signing)

(Title of person signing)

President